

Student's Name _____ Grade child will enter _____ for 2024-2025 school year

2024-2025 EMERGENCY CONTACT INFORMATION



Should an emergency situation arise during the school day or in Extended Care with your child, **the parents/guardians will be called first.** *If parents cannot be reached,* we will contact the people listed below in numerical order.

These people are also authorized to take my child from the school campus.

- (1) Name _____ Relationship _____ Phone _____
(2) Name _____ Relationship _____ Phone _____
(3) Name _____ Relationship _____ Phone _____
(4) Name _____ Relationship _____ Phone _____

If the physician or any of the aforementioned persons cannot be reached, we (I) hereby authorize St. John's to act in our (my) stead, signing needed releases for medical care, and this care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child.

Physician to be called in emergency _____ Phone _____

Medical Insurance Company _____ Hospital preference _____

Dentist to be called in emergency _____ Phone _____

List of allergies: food, medicine, etc. _____

Allergy form must be completed and submitted to the office prior to the first day of school.

List of prescribed medications your child is taking _____

All medications will be kept in the school office. Consent to administer medication form must be on file in the school office before medication can be disbursed.

This form is complete when signed and returned to the school office with the **(non-refundable)** registration and book fees.

Signature of Parent/Legal Guardian _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____